Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MOLD-RITE PLASTICS, LLC EMPLOYEES RETIREMENT AND SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MOLD-RITE PLASTICS, LLC

P.O. BOX 160
PLANT ROAD
PLATTSBURGH, NY 12901-0160

2b Employer Identification Number (EIN)
27-2958234

2c Sponsor's telephone number
518-561-1812

2d Business code (see instructions)
326100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	THOMAS RECNY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	THOMAS RECNY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

MOLD-RITE PLASTICS, LLC

P.O. BOX 160
PLANT ROAD
PLATTSBURGH, NY 12901-0160

3b Administrator's EIN: 27-2958234

3c Administrator's telephone number: 518-561-1812

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	335
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	271
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	51
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	322
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	322
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	319
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 3D 2F

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) — 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MOLD-RITE PLASTICS, LLC EMPLOYEES RETIREMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
MOLD-RITE PLASTICS, LLC

D Employer Identification Number (EIN)
27-2958234

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	GH1078	319	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
16978	3316

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

STEVEN AGUGLIA
NORTHERN INSURING AGENCY
171 MARGARET STREET
PLATTSBURGH, NY 12901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2651			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CADARET GRANT AND CO INC
ONE LINCOLN CENTER
110 FAYETTE STREET FL 5
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14327			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ACTUARIAL PENSION ANALYSTS INC
7000 EAST GENESEE STREET
FAYETTEVILLE, NY 13066

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	3316	TPA PARTNERSHIP PROGRAM	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1312333
5	Current value of plan's interest under this contract in separate accounts at year end	5	6120917

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	1355907
c	Additions: (1) Contributions deposited during the year	7c(1)	864946		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	42603		
	(4) Transferred from separate account	7c(4)	1227713		
	(5) Other (specify below)	7c(5)	339579		
	▶ LOAN PAYS, ROLLOVERS, DEPOSIT ADJS				
	(6) Total additions			7c(6)	2474841
d	Total of balance and additions (add **b** and **c(6)**)			7d	3830748
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	780778		
	(2) Administration charge made by carrier	7e(2)	153		
	(3) Transferred to separate account	7e(3)	1380321		
	(4) Other (specify below)	7e(4)	357163		
	▶ LOAN W/DS, TPA FEES, FORFS APPLIED				
	(5) Total deductions			7e(5)	2518415
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1312333

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
MOLD-RITE PLASTICS, LLC EMPLOYEES RETIREMENT AND SAVINGS PLAN		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
MOLD-RITE PLASTICS, LLC	27-2958234	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ACTUARIAL PENSION ANALYSTS INC

7000 EAST GENESEE STREET
FAYETTEVILLE, NY 13066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	THIRD PARTY ADMINSTRATOR	8900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

ING LIFE INSURANCE AND ANNUITY CO

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 60 64 65 66 72	SERVICE PROVIDER	153	Yes [X] No [ ]	Yes [X] No [ ]	38749	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

ING MUTUAL FUNDS

95-4516049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	27213	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

AMERICAN FUNDS

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PR ODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	11460	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

ING FINANCIAL ADVISERS

06-1375177

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
63	BROKER DEALER	0	Yes [X] No [ ]	Yes [ ] No [X]	7198	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

OPPENHEIMER FUNDS

13-2527171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
63	INVESTMENT PR ODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	5392	Yes [ ] No [X]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52 63	5400

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS NEW PERSPECTIVE FUND 95-2817150	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52 63	1873

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS GROWTH FUND OF AMERI 52-0792143	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52 63	2410

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS INCOME FUND OF AMERI 06-0867264	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52 63	1518

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS WASHINGTON MUTUAL IN 66-0793788	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	2357

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS NEW PERSPECTIVE FUND 95-2817150	12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1212

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS INCOME FUND OF AMERI 06-0867264	12B-1 DISTRIBUTION FEES

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1104

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER MID CAP VALUE FUND CLASS Y 04-3091159	SUB-TRANSFER OR REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	10912

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING FIDELITY VIP CONTRAFUND PORTFOL 20-1351800	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	3539

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING FMR SM DIVERSIFIED MID CAP PORT 25-6725709	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	2284

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING VAN KAMPEN EQUITY AND INCOME PO 52-2354153	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
OPPENHEIMER FUNDS	28 52 63	5392

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER DEVELOPING MARKETS FUND 93-6305075	INVESTMENT MANAGMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1247

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY ADVISOR NEW INSIGHTS FUND 45-0515059	SUB-TRANSFER OR REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 65	7005

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING FIDELITY VIP CONTRAFUND PORTFOL 20-1351800	SUB-TRANSFER OR REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	64	7175

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING FIXED ACCOUNT 71-0294708	RECORD-KEEPING FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	2977

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING FMR SM DIVERSIFIED MID CAP PORT 25-6725709	SUB-TRANSFER OR REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES, INSURANCE MORTALITY AND EXPENSE CHARGE

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	2520

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING GROWTH AND INCOME PORTFOLIO 06-0912550	SUB-TRANSFER OR REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1628

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING T ROWE PRICE GROWTH EQUITY PORT 06-1496081	SUB-TRANSFER OR REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	2617

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING GROWTH AND INCOME PORTFOLIO 06-0912550	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	1197

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING SOLUTION 2015 PORTFOLIO 20-2456044	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	1815

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING T ROWE PRICE GROWTH EQUITY PORT 06-1496081	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	2494

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING VAN KAMPEN EQUITY AND INCOME PO 52-2354153	SUB-TRANSFER OR REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	66 72	1808

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER DEVELOPING MARKETS FUND 93-6305075	INSURANCE MORTALITY AND EXPENSE CHARGE OTHER INVESTMENT FEES AND EXPENSES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	3082

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER EQUITY INCOME FUND CLASS Y 04-3091164	SUB-TRANSFER OR REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MOLD-RITE PLASTICS, LLC EMPLOYEES RETIREMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MOLD-RITE PLASTICS, LLC

D Employer Identification Number (EIN)
27-2958234

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	6120917

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MOLD-RITE PLASTICS, LLC EMPLOYEES RETIREMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MOLD-RITE PLASTICS, LLC

D Employer Identification Number (EIN)
27-2958234

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	187401	202112
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	0	21
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	473212	587960
(9) Value of interest in common/collective trusts	1c(9)	0	
(10) Value of interest in pooled separate accounts	1c(10)	0	
(11) Value of interest in master trust investment accounts	1c(11)	0	
(12) Value of interest in 103-12 investment entities	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5084688	6120917
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1355907	1312333
(15) Other	1c(15)	0	

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	7101208	8223343
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7101208	8223343

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	391463	
	(B) Participants	2a(1)(B)	481977	
	(C) Others (including rollovers)	2a(1)(C)	100675	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		974115
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	32131	
	(F) Other	2b(1)(F)	42603	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		74734
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		883621
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1
d Total income. Add all **income** amounts in column (b) and enter total	2d		1932471
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	801283	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		801283
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	153	
(4) Other	2i(4)	8900	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9053
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		810336
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1122135
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MARTINDALE, KEYSOR & CO., PLLC (2) EIN: 14-1818557

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MOLD-RITE PLASTICS, LLC EMPLOYEES RETIREMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MOLD-RITE PLASTICS, LLC

D Employer Identification Number (EIN)
27-2958234

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708 01-0517364

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

MOLD-RITE PLASTICS, LLC
EMPLOYEES' RETIREMENT AND SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

December 31, 2010 and 2009

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MARTINDALE KEYSOR & CO.
CERTIFIED PUBLIC ACCOUNTANTS

RICK N. MARTINDALE, CPA
ERIC M. KEYSOR, CPA
KEVIN W. ROSER, CPA
DANIEL M. FORDHAM, CPA
MICHEL J. PHANEUF, CPA
DAVID G. BUSHEY, CPA

INDEPENDENT AUDITOR'S REPORT

To The Officers And Trustees Of
Mold-Rite Plastics, LLC
Employees' Retirement And Savings Plan
Plattsburgh, New York

We were engaged to audit the financial statements of Mold-Rite Plastics, LLC Employees' Retirement and Savings Plan as of December 31, 2010 and 2009 and the supplemental schedules as of and for the years then ended. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by the ING Life Insurance and Annuity Company except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Martindale Keysor & Co. PLLC
MARTINDALE KEYSOR & CO., PLLC

Plattsburgh, New York
July 18, 2011

P.O. BOX 2986 • 24 MARGARET ST., SUITE 4 • PLATTSBURGH, NY 12901-0269
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MOLD-RITE PLASTICS, LLC
EMPLOYEES' RETIREMENT AND SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2010 And 2009

	2010	2009
ASSETS		
INVESTMENTS AT FAIR VALUE	**$ 7,433,250**	$ 6,440,595
RECEIVABLES		
Participant Loans	**587,960**	473,212
Employer Contributions	**202,112**	187,401
Loan Payments Receivable	**21**	-
Total Receivables	**790,093**	660,613
Total Assets	**$ 8,223,343**	$ 7,101,208
NET ASSETS AVAILABLE FOR PLAN BENEFITS	**$ 8,223,343**	$ 7,101,208

The accompanying notes should be read in conjunction with these financial statements.

MOLD-RITE PLASTICS, LLC
EMPLOYEES' RETIREMENT AND SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For The Years Ended December 31, 2010 And 2009

	2010	2009
ADDITIONS		
Additions To Net Assets Attributed To:		
Investment Income		
Interest Income	**$ 74,735**	$ 72,263
Net Appreciation (Depreciation) In		
Fair Value Of Investments	**883,621**	1,188,112
	958,356	1,260,375
Plan Contributions		
Employer	**391,463**	351,231
Participant	**481,977**	431,515
Rollovers	**100,675**	-
	974,115	782,746
Total Additions	**1,932,471**	2,043,121
DEDUCTIONS		
Deductions From Net Assets Attributed To:		
Benefits Paid To Participants	**801,283**	472,771
Fees	**9,053**	8,921
Total Deductions	**810,336**	481,692
NET INCREASE	**1,122,135**	1,561,429
NET ASSETS AVAILABLE FOR PLAN BENEFITS, Beginning Of Year	**7,101,208**	5,539,779
NET ASSETS AVAILABLE FOR PLAN BENEFITS, End Of Year	**$ 8,223,343**	$ 7,101,208

The accompanying notes should be read in conjunction with these financial statements.

MOLD-RITE PLASTICS, LLC
EMPLOYEES' RETIREMENT AND SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following brief description of the Mold-Rite Plastics, LLC Employees' Retirement And Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement and savings plan covering all eligible employees of Mold-Rite Plastics, LLC (the Company). An employee becomes eligible after completing one year of employment and has completed 1,000 hours of service. The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 (ERISA). Benefits under the plan are provided by a combination trust and insurance. A total of 320 persons were participants in or beneficiaries of the plan at the end of the plan year, although all of these persons had not yet earned the rights to receive benefits.

Vesting

All employees who meet the eligibility requirements on or before January 1, 1997 are immediately 100% vested. For all other employees, vesting percentage grows 20% per year of service and become 100% vested at the completion of five years of service.

Contributions

The company makes contributions in an amount equal to 50% of employees' salary reduction contributions to the extent that aggregate contributions do not exceed 6% of compensation. For the years ended December 31, 2010 and 2009, employer contributions totaled $391,463 and $351,231, consisting of profit sharing contributions of $202,112 and $187,291 and employer matching contributions of $189,350 and $163,940, respectively.

In accordance with Plan provisions, participants direct all contributions and earnings, thereon, among the current funds offered by the Plan. For the years ended December 31, 2010 and 2009, employee contributions totaled $481,977 and $431,515.

The company also makes contributions equal to 2% of the participant's compensation regardless of their participation in salary reduction contributions.

Participant's Accounts

Participant's Accounts are credited with the participant's allocable share of the employer contribution, if any, Plan earnings or losses, and forfeitures of the non-vested portion of terminated participant's accounts. Allocations of contributions and forfeitures are based on participant compensation, as defined by the Plan. Allocation of investment earnings or losses is based on account balances. The benefit to which a participant is entitled is equal to the vested portion of the participant's accounts.

Pension Benefits

Participants are entitled to receive retirement benefits equal to their account balance plus a proportionate share of annual net earnings upon attaining age 65. Distributions are made in a lump sum, or upon request, in substantially equal monthly, quarterly, or annual installments over a fixed reasonable period of time, not to exceed the life expectancy of the participant and beneficiary. The Plan also provides for early and late retirement benefits, termination benefits, disability benefits, and death benefits. For the years ended December 31, 2010 and 2009, benefit payments paid to participants totaled $801,283 and $472,771, respectively.

If a Plan participant terminates employment for any reason other than retirement, death or disability, he is entitled to receive the vested portion of his account and 100% of the account balance of any salary reduction or voluntary contribution money. Any non-vested portion becomes a forfeiture and is allocated first to reduce any ordinary and necessary Plan administrative expenses for the current plan year end with the balance allocated to the remaining participants.

Investment Options

Participants direct contributions into thirty-six investment options. Participants may change their investment elections at any time. A description of each investment option is as follows:

ING VP Growth And Income Portfolio

The fund's objective is to maximize total return through investments in a diversified portfolio of common stocks and securities convertible into common stock. It is anticipated that capital appreciation and investment income will both be major factors in achieving total return.

ING VP Intermediate Bond Portfolio

The fund's objective is to maximize total return consistent with reasonable risk through investments in a diversified portfolio consisting of debt securities.

ING Fixed Account

Stability of principal is the primary objective of this investment option. The ING Fixed Account guarantees a minimum ratio of interest for the life of the contract, any may credit a higher interest rate, from time to time. The current rate is subject to change at any time, but will never fall below the guaranteed minimum. Once the rate is credited, the interest becomes part of the principal and the investment increases through compound interest. All funds in the ING Fixed Account receive the same credited rate, not just the latest deposits. This is known as a portfolio method of interest rate crediting.

ING VP Index Plus Large Cap Portfolio
The fund's objective is to outperform the total return performance of the Standard & Poor's 500 Composite Index (S&P 500), while maintaining a market level of risk. The fund invests at least 80% of net assets in stocks included in the S&P 500.

ING T. Rowe Price Growth Equity Portfolio
This fund seeks long term growth of capital and, secondly, to increase dividend income by investing primarily in common stocks of well established growth companies.

Under normal market conditions the portfolio invests primarily in common stocks issued by a diversified group of growth companies. The Companies in which the portfolio invests normally (but not always) pays dividends, which are generally expected to rise in future years as earnings increase. Most of its assets will be invested in U.S. common stocks. However, the portfolio may invest in foreign securities and convertible securities and warrants when such investments are consistent with the portfolio's investment objective and policies.

The portfolio generally seeks to invest in securities of companies with superior growth in earnings and cash flow; the ability to sustain earnings momentum even during economic slowdowns by operating in so-called "fertile fields" (areas where earnings and dividends can outpace inflation and the overall economy); and the capability to expand even during times of slow growth. Companies whose profits increase due to economic factors rather than one-time events, such as lower taxes, are favored. The portfolio may engage in strategic transactions, which may include the use of derivatives.

ING Money Market Fund-Class A
This fund seeks to provide high current return, consistent with preservation of capital and liquidity and maintenance of a stable $1.00 net asset value per share, through investment in high-quality money market instruments.

Lord Abbett Small-Cap Value Fund
This fund seeks long term capital appreciation.

The fund normally invests at least 80 percent of its net assets, plus the amount of any borrowings for investment purposes, in equity securities of companies with market capitalizations at the time of purchase that fall within the market capitalization range of companies in the Russell 2000 Index, a widely used benchmark for small cap stock performance.

Oppenheimer Developing Markets Fund – Class A
This fund aggressively seeks capital appreciation by investing mainly in common stocks of issuers in emerging and developing markets throughout the world. Under normal market conditions, will invest at least 80 percent of its net assets plus borrowings for investment purposes, in equity securities of issuers whose principal activities are in at least three developing markets.

New Perspective Fund – Class
The fund's primary investment objective is to provide long-term growth of capital. Future income is a secondary objective.

The fund invests primarily in common stocks, including growth-oriented stocks, on a global basis to take advantage of investment opportunities generated by changes in international trade patterns and economic and political relationships.

ING Van Kampen Equity and Income
The fund seeks total return, consisting of long-term capital appreciation and current income.

Under normal circumstances, the Portfolio invests at least 80 percent of its net assets (plus any borrowings for investment purposes) in equity and income securities at the time of investment. The fund invests primarily in income-producing equity instruments and investment grade quality debt securities or unrated securities of comparable quality. The Portfolio emphasizes a value style of investing, seeking well established, undervalued companies that the sub-adviser believes offer the potential for income and long-term growth of capital.

Washington Mutual Investors Fund – Class R-3
This fund seeks to produce income and to provide an opportunity for growth of principal consistent with sound common stock investing.

The fund strives to accomplish this objective through fundamental research, careful selection, and broad diversification. In the selection of securities for investment, current and potential yield, as well as the potential for long-term capital appreciation, are considered. The fund strives in its overall portfolio to achieve an above-average yield and a below-average price-to-earnings in relation to the Standard & Poor's 500 Composite Index.

The Income Fund Of America – Class R-3
This fund seeks to provide current income while secondarily striving for capital growth.

The fund invests primarily in income-producing securities. These include equity securities, such as dividend-paying common stocks and debt securities, such as interest-paying bonds. In addition, the fund may invest up to 20 percent of its assets in securities of issuers domiciled outside the Unites States. Generally, at least 60 percent of the fund's assets will be invested in equity-type securities.

The Growth Fund Of America – Class R-3
The fund seeks to provide long-term growth of capital through a diversified portfolio of common stocks.

The fund invests primarily in common stocks. The fund may also hold cash or money market instruments. The fund may invest up to 15 percent of its assets in securities of issuers domiciled outside the United States and Canada, and not included in Standard & Poor's 500 Composite Index. The fund may invest up to 10 percent of its assets in lower-quality debt securities (rated BA and BB or below or unrated but determined to be of equivalent quality).

ING U.S. Stock Index Portfolio – Institutional Class
This investment seeks total return.
The fund normally invests at least 80% of assets in equity securities of companies included in the Standard & Poor's 500 Composite Stock Price index or equity securities of companies that are representative of the S&P 500 index. It may invest in exchange traded funds, or in a combination of S&P 500 index futures and ETFs.

PIMCO VIT Real Return Portfolio – Administrative Class
This investment seeks maximum real return, consistent with preservation of real capital and prudent investment management.
The Portfolio normally invests at least 80% of net assets in inflation-indexed bonds of varying maturities issued by the U.S. and non-U.S. governments, their agencies or instrumentalities and corporations, which may be represented by forwards or derivatives such as options, future contracts, or swap agreements. It investments primarily in investment-grade securities, but may invest up to 10% of total assets in high-yield securities ("junk bonds") rated B or higher. It is non-diversified.

ING Russell# Small Cap Index Portfolio – Class I
This investment seeks the results (before fees and expenses) that correspond to the total return of the Russell 2000 index.
This fund normally invests at least 80% of assets, plus any borrowings for investment purposes, in equity securities of companies included in the index, convertible securities that are convertible into common stocks included in the index, other derivatives whose economic returns are, by design, closely equivalent to the returns of the index or its components and exchange-traded funds. It may lend portfolio securities on a short-term or long-term basis, up to 33 1/3% of total assets.

ING Fidelity VIP Growth Portfolio – Service Class
This fund seeks capital appreciation.

The Portfolio invests all of its assets in the Master Fund, Service Class 2 shares of the VIP Growth Portfolio, a series of Fidelity Variable Insurance Products Fund, a registered open-end investment company. In turn, the VIP Growth Portfolio normally invests primarily in a portfolio of common stocks of companies that Fidelity Management & Research Company (FMR) believes have above-average growth potential.

ING Fidelity VIP Contrafund Portfolio – Service Class
This fund seeks long-term capital appreciation.

The Portfolio invests all of its assets in the Master Fund, Service Class 2 shares of the VIP Contrafund Portfolio, a series of Fidelity Variable Insurance Products Fund II, a registered open-end investment company. In turn, the VIP Contrafund Portfolio normally invests primarily in a portfolio of common stocks.

ING Baron Small Cap Growth Portfolio – Initial Class
This fund seeks capital appreciation.

The fund invests primarily in securities of companies with market values under $2.5 billion as measured at the time of purchase. The Portfolio will not sell positions just because their market values have increased. The Portfolio will add to positions in a company within the limits stated even though its market capitalization has increased through appreciation beyond $2.5 billion, if, in the sub-adviser's judgment, the company is still an attractive investment.

ING Solution 2015 Portfolio – Service Class
The Portfolio seeks to provide total return consistent with an asset allocation targeted at retirement in approximately 2015.

The Portfolio invests in a combination of Underlying Funds that invest in U.S. stock, international stock, U.S. bond and other fixed income investments using asset allocation strategies designed for investors expecting to retire around the year 2015.

ING Solution 2025 Portfolio – Service Class
The Portfolio seeks to provide total return consistent with an asset allocation targeted at retirement in approximately 2025.

The Portfolio invests in a combination of Underlying Funds that invest in U.S. stock, international stock, U.S. bond and other fixed income investments using asset allocation strategies designed for investors expecting to retire around the year 2025.

ING Solution 2035 Portfolio – Service Class
The Portfolio seeks to provide total return consistent with an asset allocation targeted at retirement in approximately 2035.

The Portfolio invests in a combination of Underlying Funds which are active and passive U.S. stock, international stock, U.S. bond and other fixed income investments using asset allocation strategies designed for investors expecting to retire around the year 2035.

ING Solution 2045 Portfolio – Service Class
The Portfolio seeks to provide total return consistent with an asset allocation targeted at retirement in approximately 2045.

The Portfolio invests in a combination of Underlying Funds which are active and passive U.S. stock, international stock, U.S. bond and other fixed income investments using asset allocation strategies designed for investors expecting to retire around the year 2045.

ING Solution Income Portfolio – Service Class
The Portfolio seeks to provide a combination of total return and stability of principal consistent with its asset allocation targeted to retirement.

The Portfolio invests in a combination of Underlying Funds that invest in U.S. stock, international stock, U.S. bond and other fixed income investments using asset allocation strategies designed for investors expecting to retire soon or are already retired.

Lord Abbett Affiliated Fund – Class A
This fund seeks long-term growth of capital and income without excessive fluctuations in market value.

The fund primarily purchases equity securities of large, seasoned U.S. and multinational companies that Lord Abbett believes are undervalued. Under normal circumstances, the Fund will invest at least 80 percent of its net assets in equity securities of large companies.

CRM Mid Cap Value Fund-Investor Shares
This investment seeks long-term capital appreciation.

The fund normally invests at least 80% of assets in a diversified portfolio of equity and equity related securities of U.S. and non-U.S. companies with market capitalizations at the time of initial purchase similar to those in the Russell Mid-cap Value index (mid-cap companies) that are publicly traded on a U.S. securities market.

EuroPacific Growth Fund – Class R-3
The fund normally invests at least 80% of net assets in securities of issuers in Europe and the Pacific Basin that the investment adviser believes have the potential for growth.

ING FMR Diversified Mid Cap Portfolio – Service Class
The investment seeks long-term growth of capital.

The fund invests up to 80% of assets in securities of companies with medium market capitalization. It invests in companies that are in the Russell Midcap index or the S&P Mid Cap 400 index with similar market capitalization.

Pioneer Mid Cap Value Fund – Class Y
The investment seeks capital appreciation.

The fund normally invests at least 80% of total assets in equity securities of mid-size companies. It may invest up to 20% of total assets in debt securities of U.S. and non-U.S. issuers.

Pioneer Equity Income Fund – Class Y
The investment seeks current income and long-term growth of capital.

The fund invests at least 80% of total assets in income producing equity securities of U.S. It may invest up to 20% of total assets in equity and debt securities of non-U.S. corporate issuers and debit securities of non-U.S. government issuers.

ING Russell™ Mid Cap Index Portfolio – Class I
The investment seeks investment results that correspond to the total return of the Russell Midcap index.
The portfolio normally invests at least 80% of assets, plus borrowings for investment purposes, in equity securities of companies included in the index, convertible securities that are convertible into stocks included in the index, other derivatives whose economic returns are, by design, closely equivalent to the returns of the index, or its components and exchange-traded funds.

Fidelity® Advisor New Insights Fund – Institutional Class
The investment seeks capital appreciation.

The fund primarily invests in common stocks. It may invest in securities of domestic and foreign issuers. It may invest in either growth stocks or value stocks or both.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis Of Accounting
The accompanying financial statements have been prepared on the accrual basis of accounting.

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Valuation Of Investments
Investments are valued at fair market or contract value, as of the balance sheet date.

Participant Loans Receivable
Beginning in 1997, in accordance with a non-discriminating policy, the Plan's trustees have made loans to some participants, not less than $1,000 and not to exceed $50,000 or fifty percent of each participant's vested interest. At December 31, 2010 and 2009, participant loans totaled $587,960 and $473,212, respectively.

Tax Status
The Plan is in accordance with applicable sections of the Internal Revenue Code (IRC).

Plan Fees
Plan fees are paid by Mold-Rite Plastics, LLC, a limited liability company. The fees shown on the Statements of Changes in Net Assets Available for Plan Benefits reflect processing fees deducted from terminated employees' balances when they request a distribution from the Plan and loan fees incurred when employees request a loan withdrawal from the Plan.

Events Occurring After Reporting Date
The Company has evaluated events and transactions that occurred between December 31, 2010 and July 18, 2011, which is the date the financial statements were issued, for possible disclosure and recognition in the financial statements.

3. INVESTMENTS

The following table presents the fair value of the Plan's investments held at December 31, 2010 and 2009:

	2010	2009
ING VP Growth And Income Portfolio	$ 494,929	$ 417,021
ING VP Intermediate Bond Portfolio	172,480	143,791
ING Fixed Account	1,312,333	1,355,907
ING VP Index Plus Large Cap Portfolio	-	180,034
ING T. Rowe Price Growth Equity Portfolio	285,419	223,607
ING Money Mkt Fnd A	337	-
Lord Abbett Small-Cap Value Fund	200,169	103,448
Oppenheimer Developing Markets	481,588	315,766
New Perspective Fund	492,304	466,717
ING Van Kampen Eq and Inc - Init	381,128	331,880
Washington Mutual Investors Fund	156,087	156,471
The Income Fund Of America	273,336	222,152
The Growth Fund Of America	220,196	172,055
ING U.S. Stock Index Portfolio	236,166	-
PIMCO VIT Real Return Portfolio	22,071	-
ING Russell Sm Cp Index	2,512	-
ING Fidelity VIP Contrafund Portfolio	943,877	888,961
ING Baron Small Cap Growth Portfolio	62,917	80,812
ING Solution 2015 Portfolio	129,182	110,421
ING Solution 2025 Portfolio	119,504	21,604
ING Solution 2035 Portfolio	64,728	38,562

ING Solution 2045 Portfolio	101,957	75,757
ING Solution Income Portfolio	3,317	7,098
Lord Abbett Affiliated Fund	18,071	20,371
CRM Mid Cap Value Fund	34,798	15,615
American Funds EuroPacific	29,692	16,703
ING FMR Diversified MidCap	379,088	369,388
Pioneer Mid Cap Value Fund	153,372	159,725
Pioneer Equity Income Fund	438,893	382,981
ING Russell Mid Cap Index	21,857	2,560
Fidelity Adv New Insights	200,942	161,188
	$ 7,433,250	$ 6,440,595

During 2010, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $883,621 as follows:

NET CHANGE IN FAIR VALUE	2010	2009
ING VP Growth And Income Portfolio	$ 58,087	$ 83,983
ING VP Intermediate Bond Portfolio	17,619	10,720
ING VP Balanced Portfolio	-	2,820
ING VP Index Plus Large Cap Portfolio	(6,440)	37,967
ING T. Rowe Price Growth Equity Portfolio	40,195	61,864
Ariel Fund	-	2,386
Lord Abbett Small-Cap Value Fund	33,116	15,121
Oppenheimer Developing Markets	100,964	128,503
New Perspective Fund	56,761	100,350
ING Oppenheimer Glob Pt - Init	-	39,728
ING T. Rowe Price Dv MC Gr - Init	-	35,688
ING Van Kampen Eq and Inc - Init	40,221	63,665
Washington Mutual Investors Fund	19,431	22,297
The Income Fund Of America	28,533	44,202
The Growth Fund Of America	23,660	50,369
ING U.S. Stock Index Portfolio	36,466	-
PIMCO VIT Real Return Portfolio	247	-
Franklin Small-MidCap Growth Fund	-	5,243
Lord Abbett Mid-Cap Value Fund	-	7,955
ING Legg Mason Prtns Aggr Growth	-	14,662
ING Fidelity VIP Growth Portfolio	-	16,602

ING Fidelity VIP Equity Income Portfolio	-	8,378
ING Fidelity VIP Contrafund Portfolio	142,318	206,961
ING Baron Small Cap Growth Portfolio	15,952	16,160
ING Solution 2015 Portfolio	12,461	20,030
ING Solution 2025 Portfolio	10,202	4,079
ING Solution 2035 Portfolio	4,496	3,886
ING Solution 2045 Portfolio	12,877	16,441
ING Solution Income Portfolio	332	972
Lord Abbett Affiliated Fund	2,197	(719)
CRM Mid Cap Value Fund	5,153	2,194
American Funds EuroPacific	2,195	1,296
ING FMR Diversified MidCap	100,293	60,832
Pioneer Mid Cap Value Fund	23,397	22,658
Pioneer Equity Income Fund	73,436	56,340
ING Russell Sm Cp Index	264	-
ING Russell Mid Cap Index	2,657	(321)
Fidelity Adv New Insights	26,531	24,800
	$ 883,621	$ 1,188,112

4. FAIR VALUE MEASUREMENTS

Accounting Standards establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs, because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available. The table on the next page provides further details on the Plan's Level 1 and Level 3 fair value measurements.

December 31, 2010	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 6,120,917	$ 6,120,917	$ -
Unallocated Insurance Contract (ING Fixed Account)	1,312,333	-	1,312,333
Participant Loans	587,960	-	587,960
Total	$ 8,021,210	$ 6,120,917	$ 1,900,293
December 31, 2009			
Mutual Funds	$ 5,084,688	$ 5,084,688	$ -
Unallocated Insurance Contract (ING Fixed Account)	1,355,907	-	1,355,907
Participant Loans	473,212	-	473,212
Total	$ 6,913,807	$ 5,084,688	$ 1,829,119

Level 1 Fair Value Measurements

The fair value of mutual funds is based on the quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The Unallocated Insurance Contract is not actively traded and significant other observable inputs are not available. Thus, the fair value of the unallocated insurance contract is equal to the amount determined by the insurance enterprise (contract value). Participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

December 31, 2010	Unallocated Insurance Contract	Participant Loans
Beginning Balance	$ 1,355,907	$ 473,212
Additions And Deductions, Net	(43,574)	-
Issuances And Settlements, Net	-	114,748
Ending Balance	$ 1,312,333	$ 587,960
December 31, 2009		
Beginning Balance	$ 935,411	$ 442,420
Additions And Deductions, Net	420,496	-
Issuances And Settlements, Net	-	30,792
Ending Balance	$ 1,355,907	$ 473,212

5. RECEIVABLES

For the years ended December 31, 2010 and 2009 employer contributions receivable of $202,112 and $187,401 represent contributions held by the employer at the Plan year-end. Additionally, participant contributions held by the employer were $0 for December 31, 2010 and 2009.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, Mold-Rite Plastics, LLC Employees' Retirement And Savings Plan has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will be entitled to their respective account balances as of the date of termination, regardless of vested percentages at the time of termination.

7. TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS

No single transaction exceeded more than 5% of the Plan's net assets for the year ending December 31, 2010.

SUPPLEMENTARY INFORMATION

MOLD-RITE PLASTICS, LLC
EMPLOYEES' RETIREMENT AND SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 14-1578066 Plan Number: 003
For The Year Ended December 31, 2010

(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Participant Loans	6% - 10.25%, 1 to 5 Years	$ -	$ 587,960
	ING Life Insurance And Annuity Company	Group Annuity Contract	7,433,250	7,433,250
			$ 7,433,250	$ 8,021,210

MOLD-RITE PLASTICS, LLC
EMPLOYEES' RETIREMENT AND SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 14-1578066 Plan Number: 003
For The Year Ended December 31, 2009

(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Participant Loans	6% - 10.5%, 1 to 5 Years	$ -	$ 473,212
	ING Life Insurance And Annuity Company	Group Annuity Contract	6,440,595	6,440,595
			$ 6,440,595	$ 6,913,807

MOLD-RITE PLASTICS, LLC
EMPLOYEES' RETIREMENT AND SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 14-1578066 Plan Number: 003
For The Year Ended December 31, 2010

(a)	(b) Identity Of Issue, Borrower, Lessor, Or Similar Party	(c) Description Of Investment	(d) Cost	(e) Current Value
	Participant Loans	6% - 10.25%, 1 to 5 Years	$ -	$ 587,960
	ING Life Insurance And Annuity Company	Group Annuity Contract	7,433,250	7,433,250
			$7,433,250	$8,021,210